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|---|------------------------|--|--|---|--------------------------|
| 1. CIR./DIST./DIV. CODE VAE | | 2. PERSON REPRESENTED Runyon, David Anthony | | VOUCHER NUMBER | |
| 3. MAG. DKT./DEF. NUMBER | | 4. DIST. DKT./DEF. NUMBER 4:08-000016-003 | | 5. APPEALS DKT./DEF. NUMBER | |
| 7. IN CASE/MATTER OF (Case Name) U.S. v. Runyon | | 8. TYPE PERSON REPRESENTED Adult Defendant | | 9. REPRESENTATION TYPE Criminal Case | |
| 10. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 924J.F -- Violent crime/drugs/machine gun where death occurs | | | | | |
| 11. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Hudgins, Stephen Ashton 11836 Canon Blvd. Suite 100 Newport News VA 23606 | | <p>12. COURT ORDER</p> <p><input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel</p> <p>Prior Attorney's Name: <u>Jon Bapineau</u></p> <p>Appointment Date: <u>03/04/08</u> FB</p> <p>(A) Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 11, who has been determined to possess the specific qualifications required by law, is appointed to represent this person in this case.</p> <p>(B) The attorney named in Item 11 is appointed to serve as: <input type="checkbox"/> LEAD COUNSEL <input checked="" type="checkbox"/> CO-COUNSEL Name of Co-Counsel or Lead Counsel: <u>Lawrence Woodward</u></p> <p>Appointment Date: <u>03/04/08</u></p> <p>(C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each (e.g., lead counsel or co-counsel).</p> <p>(D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation full-time for such a period without compensation, interim payments of compensation and expenses are approved pursuant to the attached order.</p> <p><u>Rebecca Beach Smith</u> Signature of Presiding Judicial Officer or By Order of the Court <u>United States District Judge</u> FB</p> <p>Date of Order _____ Nunc Pro Tunc Date _____</p> <p>(E) Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | | | |
| CLAIM FOR SERVICES AND EXPENSES | | | | | |
| 14. STAGE OF PROCEEDING Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 15 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding. | | | | | |
| CAPITAL PROSECUTION a. Pre-Trial c. <input type="checkbox"/> Appeal e. <input type="checkbox"/> Habeas Petition g. <input type="checkbox"/> Petition for the U.S. b. Trial f. <input type="checkbox"/> Petition for the U.S. h. <input type="checkbox"/> Evidentiary Hearing i. <input type="checkbox"/> Supreme Court c. Sentencing j. <input type="checkbox"/> Supreme Court k. <input type="checkbox"/> Dispositive Motions l. <input type="checkbox"/> Writ of Certiorari d. Other Post Trial m. <input type="checkbox"/> Appeal | | | HABEAS CORPUS n. <input type="checkbox"/> Petition for the U.S. o. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. p. <input type="checkbox"/> Supreme Court Regarding Denial of Stay | | |
| OTHER PROCEEDING l. <input type="checkbox"/> Stay of Execution m. <input type="checkbox"/> Appeal of Denial of Stay n. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. o. <input type="checkbox"/> Supreme Court Regarding Denial of Stay p. <input type="checkbox"/> Other | | | | | |
| HOURS AND COMPENSATION CLAIMED | | | | | |
| 15. CATEGORIES (Attach itemization of services with dates) | | | HOURS CLAIMED | TOTAL AMOUNT CLAIMED | MATH/TECH ADJUSTED HOURS |
| a. In-Court Hearings (Rate per hour = \$) | | | | | |
| b. Interviews and Conferences with Client | | | | | |
| c. Witness Interviews | | | | | |
| d. Consultation with Investigators and Experts | | | | | |
| e. Obtaining and Reviewing the Court Record | | | | | |
| f. Obtaining and Reviewing Documents and Evidence | | | | | |
| g. Consulting with Expert Counsel | | | | | |
| h. Legal Research and Writing | | | | | |
| i. Travel | | | | | |
| j. Other (Specify on additional sheets) | | | | | |
| Totals: Categories b thru j (Rate per hour = \$) | | | | | |
| CLAIM FOR TRAVEL AND EXPENSES (Attach itemization of expenses with dates) | | | | | |
| 16. Travel Expenses (lodging, parking, meals, mileage, etc.) | | | | | |
| 17. Other Expenses (other than expert, transcripts, etc.) | | | | | |
| GRAND TOTALS (CLAIMED AND ADJUSTED) | | | | | |
| 18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____ | | | 19. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION | | 20. CASE DISPOSITION |
| 21. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. | | | | | |
| Signature of Attorney: _____ Date: _____ | | | | | |
| APPROVED FOR PAYMENT - COURT USE ONLY | | | | | |
| 22. IN COURT COMP. | 23. OUT OF COURT COMP. | 24. TRAVEL EXPENSES | 25. OTHER EXPENSES | 26. TOTAL AMT APPROVED | |
| 27. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER | | | DATE | 27a. JUDGE CODE | |